

*Your Life,
Your Health*

2010 Health Benefits Program
Featuring the Traditional Choice® Plan



The Department of Defense
Nonappropriated Fund
Health Benefits Program

Table of Contents

Your Life, Your Health	1
Medical Benefits	2
The Traditional Choice® Plan	2
The Aetna Global Benefits Traditional Choice Plan	4
Prescription Drug Benefits	5
The Three Tier Pharmacy Plan	5
Visit a Participating Retail Pharmacy	5
Use the Aetna Rx Home Delivery® Program	5
Prescriptions Obtained Overseas	6
Smoking Cessation Products	6
Estimate the Cost of Prescriptions Online	6
About the Preferred Drug List	6
Dental Benefits	7
New in 2010	7
The Passive PPO Dental Plan	7
The Aetna Global Benefits® Dental Plan	7
The Stand Alone Dental Plan	7
Online Services	8
Aetna Navigator®	8
DocFind®	9
Personal Health Record	9
Health and Wellness Programs	10
Simple Steps To A Healthier Life®	10
Aetna Health Connections SM	10
Informed Health® Line – 1-800-556-1555	11
The National Medical Excellence Program®	11
Discount Programs	12
Aetna Vision SM Discount Program	12
Aetna Hearing SM Discount Program	12
Aetna Fitness SM Discount Program	12
Aetna Natural Products and Services SM Discount Program	13
Aetna Weight Management SM Discount Program	13
Aetna Member Services – 1-800-367-6276	13
Enrollment/Election Instructions	14



Your Life, Your Health

The Department of Defense (DoD) Nonappropriated Fund (NAF) employers are pleased to offer you and your family a program of health benefits that includes medical, prescription drug and dental coverage.



Nothing makes life easier and more enjoyable than good health. This is why your DoD NAF Health Benefits Program does more than just pay medical bills. It makes it possible for you to afford the services that help you stay well and prevent problems, and receive the care you need when you're sick or injured. It offers special programs that provide support for specific medical conditions. It also gives you access to information and tools so you can make better health care decisions. Perhaps most important, your plan provides services, support and resources for a healthier way of life. One such resource is the online wellness program, Simple Steps To A Healthier Life®, which offers personalized information and advice to help you understand — and act on — your health risks and needs. Turn to page 10 of this guide for more about this valuable program.



We encourage you to think of your health benefits as tools for better living and wiser spending — and to take full advantage of them. After all, it's *Your Life, Your Health*.

This guide contains:

- Descriptions of the health benefits available to you
- Information about value-added “extras” such as health and wellness programs, online services and discount programs
- Enrollment/election instructions

Questions?

If you need help or information, call Aetna Member Services at 1-800-367-6276, or 1-800-231-7729 if you live overseas. See *Member Services* on page 13 of this guide for more about this important plan feature.



Medical Benefits

Your DoD NAF Health Benefits Program provides medical benefits through the Traditional Choice® Plan from Aetna. Traditional Choice is an indemnity plan that gives you the freedom to receive care from any licensed provider and pays the same level of benefits regardless of which provider you use. Employees who live overseas may enroll in the Aetna Global Benefits® AGB Traditional Choice Plan.*

The Traditional Choice Plan

Traditional Choice is an indemnity medical plan that allows you to select any licensed physician you wish when you need care. Once you meet the annual deductible, the plan typically pays a percentage of the expense (usually 80%) based on reasonable and customary charges, and you pay the balance (usually 20%). This is called “coinsurance.” You pay for the cost of your care up front. Then you complete and submit a claim form to Aetna to be reimbursed for covered expenses.

The Traditional Choice summary of benefits chart enclosed with this guide shows the plan’s annual deductible, coinsurance levels and annual out-of-pocket maximum.

* The Traditional Choice Medical Plan and the AGB Traditional Choice Medical Plan is administered by Aetna Life Insurance Company. These plans are offered to eligible DoD NAF employees, retirees and dependents who do not have access to the Aetna Open Choice® PPO network, or live overseas.

Your Medical Plan ID Card

If you are currently enrolled in the Traditional Choice Plan, continue to use the cards you currently have. If you are enrolling for the first time, you will receive two Aetna ID cards with the names of all covered family members and the Member Services toll-free number on them. Keep your card handy and show it at the doctor’s office to let them know that you are enrolled in Traditional Choice. Also show it at participating pharmacies in the United States to get preferred rates for prescription drugs (see page 5 for details). Pharmacy copays are listed on your ID card. *If you don’t use participating pharmacies, you won’t have any coverage for prescriptions.*



How the Plan Works

Under the plan, you must first meet an **annual deductible**. The annual deductible is the amount you must pay out of your own pocket each year before the plan begins to pay benefits. **The deductible does not apply to preventive care services.** After you meet the deductible, you and the plan share the cost of covered services. This arrangement is called **coinsurance**. The plan pays a percentage of the cost of covered services, and you pay the balance. The reasonable and customary cost is the prevailing rate for the service in your geographic area.

Annual Deductible	
Individual	\$200
Family of 2	\$400
Family of 3 or more	\$600

Each family member must meet his or her individual deductible. For a family of two, the deductible is met when each family member meets his or her individual deductible, or \$400. For families of 3 or more, the deductible limit is \$600.

Traditional Choice has an **annual out-of-pocket maximum** that limits your expenses and protects you from the high cost of a serious illness or injury. Once your deductible and coinsurance combined reach this annual limit, the plan pays 100% of your covered expenses for the remainder of the plan year.

Annual Out-of-Pocket Limit	
Individual	\$3,000
Family of 2	\$6,000
Family of 3 or more	\$9,000

Each family member must meet his or her individual out-of-pocket limit. For a family of two, the out-of-pocket limit is met when each family member reaches his or her individual out-of-pocket limit, or \$6,000. For families of 3 or more, the maximum out-of-pocket limit is \$9,000.

Important: Prescription drug copays, confinement fees and non-covered expenses do not count toward the out-of-pocket limit. In addition, services for which the coinsurance is 50% do not count toward the out-of-pocket limit.

About Precertification

Precertification is the advance review of a hospital admission to ensure that the setting and length of stay are appropriate to the diagnosis. Here's what you need to know about this plan requirement:

- If your doctor recommends a hospital stay, you must initiate the precertification process by calling Member Services at least 14 days before you are admitted to the hospital.
- If you do not call Member Services to precertify a hospital admission, you will be required to pay a penalty of \$500. The penalty will apply each time you fail to precertify.
- The precertification requirement is waived for emergency admissions, hospital care received overseas, and for those who have Medicare as their primary coverage.

Stay Well with Traditional Choice

Unlike many standard indemnity plans, Traditional Choice provides generous benefits for preventive care services, which can catch problems early and help you and your family stay well. **The following services are covered at 100% of reasonable and customary charges with no deductible.**

- Well-baby care to age 7, including doctor visits and immunizations
- One annual routine physical exam (including immunizations), age 7 and older
- One annual routine gynecological exam, including Pap test and lab fees
- One annual mammogram for women age 35 and older
- One annual prostate screening for men age 40 and older
- One colonoscopy screening every 10 years beginning at age 50.
- One annual routine hearing exam
- One annual routine eye exam

Preventive care benefits are a valuable part of your health plan and an important step in staying healthy. We encourage you to visit your doctor for these important exams and screenings.

In an Emergency

If you have a medical emergency, go to the nearest hospital immediately and get the care you need. Then, call Member Services. To help control costs, you are encouraged to use the emergency room for true emergencies only.

A true emergency is a severe illness or accident that could lead to a serious risk to your health, or to death if not treated immediately. Examples include bleeding that will not stop, compound bone fractures, loss of consciousness, stroke and severe chest pains. If you use a hospital emergency room for non-emergency care, you will pay 50% of the cost after meeting the deductible.

Sometimes you need urgent — not emergency — care. Sprains and a fever are examples of this situation. To avoid the high cost of using the emergency room for non-emergency care, consider using an urgent care facility or walk-in clinic.

Receiving Care Away from Home

When you are away from home and need medical care, you'll receive benefits for covered services just as if you were at home. After you get the care you need, complete a claim form and submit it to Aetna for reimbursement.

The Aetna Global Benefits Traditional Choice Plan

NAF employees who live overseas may enroll in the Aetna Global Benefits Traditional Choice Plan. The plan's medical benefits are the same as those described in the previous section. In addition, plan participants have access to international health care "concierge" services through Aetna Global Benefits. Here is just a sample of what is available to help you and your family use your health benefits and receive quality care — no matter where in the world you live.

Multilingual member service professionals, available 24 hours a day via toll-free phone, fax or e-mail, can:

- Assist you with pre-trip planning
- Help you find health care services around the world
- Answer your questions about claims, benefits and coverages
- Process and pay claims in virtually any language and in over 100 currencies, using check, wire or direct deposit

The International Health Advisory Team (IHAT) gives you a single point of contact for routine and special health care needs. The team has extensive experience with health care delivery systems throughout the world and can help with medical evacuations, emergencies, medical case management, finding medical devices and prescription medications, and other needs.

A wealth of online health information is available at www.aetnaglobalbenefits.com. Whether you are on assignment or live overseas, the following online tools can help make it easier to find health care and other vital information.

- A database of international direct pay hospitals that have contracted with AGB to provide quality care to members.
- An international doctor directory, with important information about doctors and specialists around the world.
- CityHealthSM profiles, containing information about health risks, vaccinations, local health systems, emergency phone numbers and currencies in hundreds of locations.
- Translations databases for drug names and medical terms and phrases.
- Aetna Intellihealth[®] health and wellness website with up-to-date information on hundreds of topics.

You'll also find security information, travel tips and easy access to claim and other important benefits-related forms.



Prescription Drug Benefits

When you enroll in the Traditional Choice plan, your prescription drugs will be covered under Aetna's Three Tier Pharmacy Plan. Under this plan, you can fill short-term prescriptions at participating retail pharmacies (for up to a 30-day supply) and long-term prescriptions through the mail-order service (for up to a 90-day supply).

The Three Tier Pharmacy Plan

Whether you visit a participating retail pharmacy or use the mail-order program, the amount you pay depends on the type of drug used to fill your prescription. As you can see in the chart to the right, your pharmacy plan has three levels, or tiers, of benefits.

- **Tier One:** You pay the least for generic drugs — a flat fee, or copay, of \$10 per prescription. Generic drugs are identified by their chemical names. For example, alendronate sodium is the generic equivalent of Fosamax, a brand-name drug. See *Why Generics Are a Good Idea* on the next page to learn more.
- **Tier Two:** You pay a \$20 copay per prescription for Tier Two (preferred) brand-name drugs on the plan's Preferred Drug List. (See *About the Preferred Drug List* on the next page for more about this list.)
- **Tier Three:** You pay the most for Tier Three (non-preferred) brand-name drugs. For Tier Three medications, you pay 35% of the price that's been negotiated for the drug with participating pharmacies, up to a maximum of \$100 per prescription at retail pharmacies and \$200 per prescription using the mail-order service.

Important: The plan does not cover prescription drugs purchased at non-participating pharmacies in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands.

Visit a Participating Retail Pharmacy

When you need to fill a short-term prescription, you can get up to a 30-day supply of medication at retail pharmacies that belong to the Aetna network (called participating pharmacies). Just take your prescription and your Aetna medical plan ID card to any of more than 60,000* participating pharmacies located in the United States, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. Depending on the type of drug prescribed, you pay your share of the cost in full at the time of purchase as shown in the chart on this page. There's no need to complete a claim form.

To find a participating pharmacy near you, use the DocFind® directory at www.aetna.com (turn to Online Services on pages 8 and 9 in the guide for more about DocFind). Or, call Member Services for a listing of participating pharmacies.

Use the Aetna Rx Home Delivery® Program

Use Aetna's mail-order program to save on medications you need on a regular, long-term basis. You may order up to a 90-day supply and enjoy the convenience of home delivery. Shipping is free and the packaging is confidential. In addition, you'll pay less for your medication than you would at a participating retail pharmacy. You can order a 90-day supply of medication for what you would pay for a 60-day supply at a participating retail pharmacy.

If you have questions about your prescription, registered pharmacists are available to answer them 24 hours a day, seven days a week. It's also good to know that mail-order pharmacies use the same quality and accuracy checks on prescriptions as participating retail pharmacies. For more information, visit www.aetnarxhomedelivery.com or call (toll free) at 1-866-612-3862.

* Aetna Enterprise Provider Database as of September 1, 2009.

The chart shows how you'll pay for prescription drugs in 2010:

Using a participating retail pharmacy	Your cost for up to a 30-day supply:
Tier One – Generic drugs	\$10 copay per prescription
Tier Two – Preferred brand-name drugs	\$20 copay per prescription
Tier Three – Non-preferred brand-name drugs	35% of negotiated price** the minimum you pay per prescription is \$35; maximum is \$100.

Using the mail-order program	Your cost for up to a 90-day supply:
Tier One – Generic drugs	\$20 copay per prescription
Tier Two – Preferred brand-name drugs	\$40 copay per prescription
Tier Three – Non-preferred brand-name drugs	35% of negotiated price** the minimum you pay per prescription is \$70; maximum is \$200.

** Participating pharmacies agree to charge discounted prices for prescriptions filled by Aetna members. Your share of Tier Three drug costs is a percentage of these discounted (or "negotiated") prices.

Prescriptions Obtained Overseas

While you are overseas, you should fill short-term prescriptions (up to a 30-day supply) at your local pharmacy. The expense will be covered at:

- 100% after deductible for generic drugs
- 80% after deductible for brand-name drugs

You will need to submit a claim form to Aetna using the address printed on your ID card to be reimbursed for your covered expenses.

Also, while you are overseas, the Three Tier Pharmacy Plan is available only for long-term prescriptions (up to a 90-day supply) that you order through the Aetna Rx Home Delivery Program. In order to use the mail-order service, prescriptions must be issued by a doctor licensed to practice in the United States, the District of Columbia, Puerto Rico, Guam or the U.S. Virgin Islands. Prescriptions must be sent to an APO/FPO mailing address.

Smoking Cessation Products

Your prescription drug plan also includes a discount program for smoking cessation products. With a valid prescription, you may purchase smoking cessation and nicotine replacement products (such as patches and inhalers) at participating pharmacies or through the Aetna Rx Home Delivery Program. You pay 100% of the negotiated cost of these products, which is lower than the retail price you would normally have to pay.

Estimate the Cost of Prescriptions Online

Aetna Navigator features an online “Cost of Care” tool for prescription drugs that allows you to:

- Compare the estimated costs at a retail pharmacy with the costs of the mail-order service.
- See if alternative drug choices, including generics, could save you money.
- Learn key facts about your medications, such as how they are used and any side effects.
- Find out if there are any coverage limitations for a certain drug.

To use this valuable feature, visit Aetna Navigator at www.aetna.com. Click on *Take Action On Your Health* and then select *Cost of Care*. See page 8 for more information about Aetna Navigator.

About the Preferred Drug List

The Preferred Drug List shows the generic and brand-name drugs that are covered under your plan. This list is also called the “formulary.” All drugs on the list were chosen based on quality and cost-effectiveness.

For each drug on the list, you’ll see which tier it belongs to in the Three Tier Pharmacy Plan. The chart on page 5 shows you what you will pay for the drugs in each of the plan’s three tiers.

If you are currently taking a brand-name drug, you can check the Preferred Drug List for your medication and see whether it is preferred (Tier Two) or non-preferred (Tier Three). The listing for your medication will also display the name(s) of the generic(s) that can be used as a substitute. While not all brand-name drugs have a generic equivalent, many do. If a generic is available for the medication you’re taking, talk to your doctor about switching to the generic drug so that the lower copay will apply to your prescription cost. If you are using a brand name drug that does not have a generic equivalent, you may want to ask your doctor about switching to an equally effective alternative drug that does have a generic equivalent.

Why generics are a good idea: When your doctor prescribes generics, you pay the lowest copay under the plan. It’s important to know that generic medications have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs, although they may be a different size, color or shape.

Learn more about your Rx benefits:

- Online: At www.aetnapharmacy.com
- E-mail: Click *Contact Us* to e-mail Member Services from Aetna Navigator
- Telephone: Call Member Services at 1-800-367-6276

Dental Benefits

When you enroll in the Traditional Choice Plan, or an HMO plan with no dental coverage, you are also eligible to enroll in the Passive PPO Dental Plan. NAF employees who live overseas and enroll in the Traditional Choice medical plan are eligible to enroll in the Aetna Global Benefits Dental Plan. This plan offers the same coverage as the Passive PPO Dental Plan, except that you may visit any licensed dentist and still receive benefits.

New in 2010

The lifetime maximum benefit for orthodontia will increase to \$2,000 per person (effective January 1, 2010).

The Passive PPO Dental Plan

The Passive PPO Dental Plan offers generous coverage for preventive care services and gives you the freedom to use any licensed dentist you wish. It also gives you the opportunity to save money when you receive dental care from a dentist who belongs to the Aetna dental preferred provider network.

How the plan works

Network dentists have negotiated their fees with Aetna. They generally charge less than non-network dentists, so your benefits are based on a lower cost. This means you pay less for your dental care. Network dental providers also file claims for you.

When you receive care from a dentist who does not participate in the Aetna dental network, your benefits are based on the reasonable and customary charge for that service in your geographic area — which is higher than the negotiated fee. As a result, your share of the cost may be higher. In addition, you may need to file your own claims with Aetna to be reimbursed for your covered expenses.

Using a network dentist is voluntary. Either way, the same services are covered. To encourage good dental health, the plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the service you receive.

Please refer to the enclosed dental summary of benefits chart to see how dental services are covered under the plan.

Finding network dentists

To find a network dentist near you, use DocFind. For more about using DocFind, turn to the *Online Services* section of this guide (see page 9). You can also request a printed directory by calling Member Services at **1-800-367-6276**.

The Aetna Global Benefits® Dental Plan

The Aetna Global Benefits Dental Plan pays 100% for preventive care services, with no deductible. For more advanced care, the plan pays a portion of the expense, depending on the type of service you receive. When you are overseas, you may visit any dentist and receive benefits from the plan. If you decide to seek dental care while in the United States, you can take advantage of the stateside Passive PPO Dental Plan described previously.

Finding dentists

For help with dental care overseas, you can call the AGB International Service Center toll free at **1-800-231-7729** or e-mail agbservice@aetna.com.

Important: You must enroll in the Traditional Choice Medical Plan, or an HMO medical plan that does not offer dental coverage, in order to elect the Passive PPO Dental Plan described in this section.

DoD NAF employees who live overseas must enroll in the AGB Traditional Choice Medical Plan in order to elect the Passive PPO Dental Plan. Overseas employees may also elect the Stand Alone Dental plan under the DoD NAF Health Benefits Program.

The Stand Alone Dental Plan

If you are looking for dental coverage, but not medical, you may choose to enroll in the Stand Alone Dental Plan for dental-only benefits during Open Enrollment or during the eligibility period for new hires. The Stand Alone Dental Plan cannot be combined with enrollment in a medical plan under the DoD NAF Health Benefits Program.

Information about the Stand Alone Dental Plan is available in a separate enrollment package. Contact your Human Resources Office for plan details and enrollment information.



Online Services

As an Aetna member, you'll have access to the following online services:

Aetna Navigator®

Once you've enrolled with Aetna, you can register to use Aetna Navigator, a secure and confidential member website that offers information and self-service convenience to help you manage your health — and your health benefits.

At Aetna Navigator, you'll have a personalized home page, plus access to:

- **DocFind**, the online provider directory where you can get a wealth of information about doctors, dentists, pharmacies, hospitals and other health care providers. DocFind is available in English and Spanish. See the next page for more about DocFind.
- **Benefit information**, including a list of covered family members, claim information, and the care management, wellness and health improvement programs included with the plan.
- **Pharmacy information**, including the Preferred Drug List, a directory of participating pharmacies and the Aetna Rx Home Delivery mail-order service.
- **Your Personal Health Record (PHR)**, a handy online record of medical treatments and other information gathered from your claims, the Health Assessment at Simple Steps To A Healthier Life®, and facts you provide on your own. The PHR is not available to overseas employees. For more about the PHR, see *Personal Health Record* on the next page.

- **Cost of care tools**, online tools that give you the estimated average costs of medical procedures, office visits, tests, diseases and conditions, and prescription drugs. You can compare the cost of brand-name drugs to generics at participating retail pharmacies and through the mail-order service.
- **A hospital comparison tool** that lets you compare outcomes for certain procedures at preferred hospitals in your area.
- **Claim features and services** that let you check the status of a claim, find out about claim payments, view Explanation of Benefits (EOB) statements and ask for e-mail alerts when new information becomes available. If you have questions, you can e-mail Member Services right from the claims detail page and send messages about specific claims with important information already filled in. There's even a feature that lets you "turn off" paper EOBs and view your statements online for up to two years. You can download claim forms, too.
- **Self-service features** that let you take care of personal benefit business such as requesting a replacement ID card (and printing a temporary ID card to use in the meantime), downloading and printing claim and other standard Aetna forms, and making changes to personal information such as e-mail and regular mailing addresses.
- **Reliable, up-to-date information** on health conditions and hundreds of other related topics through links to Aetna IntelliHealth® and Healthwise® Knowledgebase wellness websites. (Note that Healthwise Knowledgebase is available in English and Spanish.)
- **Member Services**, via secure and confidential e-mail. You can e-mail Member Services with questions and requests, right from Aetna Navigator.

You'll also find more information about Aetna health and wellness programs and discounts on health-related products and services described on pages 10 through 13 of this guide.

Where to Start

There's a lot to see and do at Aetna Navigator. To get started, you'll just need to complete a quick registration process. Visit www.aetna.com, click on *Member Log In* and select *Register*. You can then use the Aetna Navigator Health Information Guide for easy links to the site's resources. Look for the Guide at the Aetna Navigator home page under *Take Action On Your Health*.



DocFind®

To find local dentists or pharmacies that participate in the Aetna network, you can use the DocFind directory. Here's how:

- Go to www.aetna.com.
- Click on *Find a doctor* to the left on the home page.
- Start your search under *General Search*.
- Fill in the geographic information requested, and select a distance you are willing to travel.
- Choose a Provider Category (dental, pharmacy, etc.).
- Choose a Provider Type (such as dentist, pharmacy).
- Under *Select a Plan*, scroll down to find Dental PPO/PDN or "all plans" for a pharmacy search.

Note: Once you've registered with Aetna Navigator, your plan name and zip code will be filled in automatically when you are signed on and use DocFind.

DocFind lets you search for providers by:

- City, state, zip code
- Gender
- Provider name
- Specialty

For each doctor, DocFind provides information about his or her credentials and practice, including medical school attended, board certification, plans accepted, languages spoken, office location and hours, and parking and handicapped access. You can even get maps and driving directions to find a doctor's office. DocFind also offers cost and quality-of-care information to help you make the best provider choice. Plus, DocFind tells you about programs your doctor may work with, including ePrescribing (submitting prescriptions online), online visits and electronic payment options.

Important: DocFind is updated three times a week, so it contains the most current information available. But if you aren't sure about a provider's network status, you can either call the provider's office or call Aetna Member Services.

Personal Health Record

(This service is not available to overseas employees)

The **Personal Health Record (PHR)** is an online service that provides a secure and confidential place for all your health information. Each time you have a new medical claim (such as a prescription filled or a lab result), it's automatically added to your PHR. You can add your own information too, such as over-the-counter drugs, family history and health problems you may not necessarily see a doctor for (like back pain). You can even give permission for your doctor to see your PHR.

Your PHR also provides health alerts and reminders from MedQuery®, a health monitoring system. MedQuery gathers information from your health plan. Examples are doctor and hospital visits, lab reports and information about prescriptions you fill. It also uses information that you add to your PHR. Next, the system compares your health information to the latest medical knowledge. If it sees a chance to improve your care, it posts an alert on the home page of your PHR and sends an e-mail to notify you of the posting. Your doctor also receives an alert via telephone or fax. Once you and your doctor receive an alert, it's up to you to discuss it and decide whether or not to take action. This may involve changing a course of treatment, trying a different medication or exploring other options for care.

To find your Personal Health Record, you'll log on to Aetna Navigator and use the link on your home page. You will need to be registered with Aetna Navigator — a quick and simple process that starts when you visit www.aetna.com, then click on *Member Log In* and select *Register*.

It's important to know that all information in your PHR is **kept secure and confidential**. It is **never** shared with your DoD NAF employer. Only you can see the information in your PHR unless you decide to let your doctor see it as well.



Health and Wellness Programs

When you enroll in Traditional Choice, you and your family can take advantage of special programs that help you live healthier.

Simple Steps To A Healthier Life®

Simple Steps To a Healthier Life is an online wellness program that gives you information, tools and guidance to improve your diet, get in shape, cope with stress and learn about ways to enjoy better health at all stages of life. Here's how it works:

Step 1 — Complete the Health Assessment

The Health Assessment is a secure, confidential questionnaire that helps identify your personal health risks. The questions cover areas such as eating habits, exercise, tobacco and alcohol use, dental health, safety practices, emotional health, preventive practices and screenings, family history and work-life balance. It will calculate your Body Mass Index (BMI) so be sure to have your current height and weight information handy. It will also ask about your most recent health screening results such as blood pressure, cholesterol and glucose levels. Remember, the more complete and accurate your answers, the more helpful the program will be to you. It will take about 20 minutes to complete.

To access the Health Assessment, go to www.aetna.com and log on to Aetna Navigator. On the home page under *Health Management*, select *Assess Your Health with Simple Steps To A Healthier Life*.

Step 2 — Receive a personalized health report and action plan

Based on your answers to the Health Assessment, you will receive an e-mail with a recommended program based on your unique needs. You can choose to participate in that program or any of the other available online interactive wellness programs. The best part is you decide how you want to proceed and you work through the programs at your own pace.

Step 3 — Use the online interactive wellness programs to reach your goals

Programs are available to help you:

- deal with stress
- manage your weight
- learn about nutrition and healthy eating
- achieve balance
- overcome depression
- sleep better
- quit smoking

Each program walks you through simple yet effective actions you can take and changes you can make that are realistic and fit into your daily life. Information and encouragement is available through a series of newsletters and online resources.

It's secure and confidential

Any information you provide as part of the Simple Steps To A Healthier Life program is kept strictly confidential and is not shared with your DoD NAF employer.

Stay up to date

Remember, your answers to the Health Assessment aren't set in stone. You can go back whenever you like to update and add information. For example, you can add your most recent blood pressure, cholesterol and other test results. When you do, you'll receive an updated program plan based on your current needs.

Aetna Health ConnectionsSM

If you're one of the millions of Americans living with one or more continuing health conditions, your Aetna plan has a program for you. The Aetna Health Connections program provides information and counseling from disease management nurses specially trained in more than 36 different diseases and conditions, including diabetes, asthma, osteoporosis and cystic fibrosis, to name a few.

Living well with an ongoing chronic condition often means embracing a lifestyle change — which isn't always easy. Aetna Health Connections nurses can help you successfully manage your disease by helping you better understand your condition and your doctor-prescribed treatment plan. Through telephone calls from trained, experienced nurses, the program provides caring outreach that can help you know more and do more to feel better, live better and avoid complications associated with your condition.

If you have a chronic condition, a program nurse will contact you to invite you to participate. If you accept, your assigned nurse consultant will work with you to develop a personal action plan to help you better manage your condition, address unique health needs and live your best health. Your plan will incorporate the latest information on your condition, provide one-on-one counseling and, if needed, may involve the services of other clinical professionals such as nutritionists, weight loss counselors and/or pharmacists.

You'll also benefit from Aetna's CareEngine® system, advanced technology that continuously scans your health data to identify opportunities to improve your care and your health. It also sends e-mail reminders about getting important preventive care.

Your privacy is protected

An important thing to keep in mind about all of these services is that they're confidential. The information you exchange with Aetna nurses is kept secure and confidential and is not shared with your DoD NAF employer. The program is voluntary, so you have the option to participate — or not. Remember, it's about you and your good health.

Another point to remember is that the information and advice the Aetna nurse provides does not substitute for the continuing care and services of your doctor. The idea is to provide support and information that helps you better understand and follow your doctor's advice and treatment.

Why participate in Aetna Health Connections?

- It offers personalized help, information and advice from a trained medical professional about the health concerns and issues that matter to you.
- It's secure and confidential .
- It's available to you at no extra cost.
- Support is available for more than 36 conditions, including:
 - cancer
 - high blood pressure
 - high cholesterol
 - migraines
 - osteoporosis
 - weight management

If an Aetna Health Connections nurse contacts you, we hope you'll take advantage of all he or she has to offer. Think of it as having your own health consultant — a knowledgeable medical professional with answers, ideas and advice you can put into action every day.

If you're living with one or more chronic conditions (or believe you may be at risk), you can call Aetna at **1-866-269-4500** to learn more about Aetna Health Connections and get started with the program. You can also submit a request through Aetna Navigator at www.aetna.com.

More than 40% of Americans are living with at least one chronic disease. If you're one of them, you can add years to your life by getting actively involved in managing your condition and improving your health. Aetna Health Connections can help.

Informed Health® Line – 1-800-556-1555

Informed Health Line is a toll-free number you can call anytime — 24 hours a day, 7 days a week, 365 days a year — for answers to health-related questions and information to help you make sound decisions and choices.

Call Informed Health Line to talk to a nurse

It's not always possible to talk with your doctor when you have a health question or concern or a health-related decision to make. But you can call the Informed Health Line and talk with a trained registered nurse who will:

- Answer health-related questions
- Help you decide whether or not to go to a hospital emergency room
- Tell you how to take care of a health problem until you can get to a doctor
- Help you understand health problems and how they are treated
- Give you guidance on what questions to ask your doctor
- Give you the facts about the latest medical treatments and procedures and explain their risks and benefits

While the Informed Health Line nurses can't prescribe drugs or diagnose medical conditions, they can give you advice and help you with your choices and also coach you on how to communicate better with your doctor. They'll give you the facts you need to make decisions and choices you can feel good about.

The National Medical Excellence Program®

For help with extremely complex medical procedures, the Traditional Choice Plan offers the National Medical Excellence Program from Aetna. This voluntary program provides care coordination and other services when your network provider decides that you need to have a highly specialized medical procedure performed, such as an organ transplant. Coverage includes surgery for organ and tissue transplants such as heart, lung, liver, bone marrow, kidney and pancreas. Certain organ transplant combinations are also covered.

The procedure will be performed at a designated Institutes of Excellence™ hospital. These hospitals have national reputations for their skill at certain types of organ transplants and complex medical care. Surgical teams in these hospitals perform many of these specialized procedures and have a proven track record of success.

Your network provider and an Aetna case manager will coordinate your care. If the hospital is more than 100 miles from your home, you will also receive a travel and lodging benefit for you and one companion.

Discount Programs

Once you've enrolled in an Aetna plan, you can take advantage of discount programs to save on health-related products and services. To learn more about your discounts and how to use them, call Member Services at **1-800-367-6276**. Or, if you're registered with Aetna Navigator, you can go to www.aetna.com, log on and click on the Benefits tab on your home page. Select *Health Programs* for a list of links to the discount programs.

Attention overseas employees!

The discount programs described in this section rely on stateside provider networks. As a result, they are not available overseas. You and your dependents can take advantage of these programs when you are in the United States, and covered dependents living in the United States can use them any time.

Aetna VisionSM Discount Program

The Aetna Vision program helps you and your covered family members save on eye care products and services, including eyeglasses, contact lenses and solution and LASIK surgery. You can even get discounts on items such as eyeglass chains, designer frames, sunglasses and other vision accessories not usually covered by insurance.

To use your discount, simply visit a participating provider and show your Aetna ID card. You can choose from thousands of providers, including national chains such as Pearle Vision®, Lenscrafters®, JCPenney®, Target Optical® and participating Sears Optical® locations. To find a provider, visit DocFind at www.aetna.com and select *Find a doctor*. Enter the geographic information as requested. Under *Provider Category*, select *Vision Discount* and under *Provider Type*, select *Vision Discount Program*. You can also call **1-800-793-8616** for assistance with locating a participating provider.

Aetna HearingSM Discount Program

You and your covered family members can save on the latest hearing aid styles and technologies with Aetna Hearing Discounts offered through HearPO®, a national hearing benefits provider. The program provides discounts on the retail price of hearing exams and hearing aid services (including repairs) at more than 1,800 participating locations across the country. Plus, there are no referrals and no claims required to receive your discount.

To find a HearPO location near you, call **1-888-HEARING (1-888-432-7464)** weekdays from 9 a.m. to 6 p.m. ET. Or visit DocFind and under *Provider Category*, select *Hearing Discount*, then under *Provider Type*, select *Hearing Discount Locations*. When you visit the provider, just show your Aetna ID card and the discount will be applied on the spot.

Aetna FitnessSM Discount Program

With the Aetna Fitness Discount Program, you and your covered family members can get discounts on health club memberships* and certain home exercise equipment and videos. The program is offered through GlobalFit™, one of the nation's leading providers of fitness services and facilities, with more than 10,000 locations nationwide. Program features include special membership rates, free guest passes,** guest privileges and convenient payment options, as well as access to at-home weight loss programs and personal health coaching.

You can learn more about this program and find a list of participating clubs by calling GlobalFit at **1-800-298-7800** or by visiting www.globalfit.com/fitness.

* At some clubs, program participation may be available only to new club members.

** Not available in all areas.



Aetna Natural Products and ServicesSM Discount Program

Aetna uses its bargaining power to offer you and your covered family members discounts on complementary health and wellness products and services through the Aetna Natural Products and Services Program. Offered by American Specialty Health® (ASH), the program provides discounts on:

- Acupuncture
- Chiropractic care
- Massage therapy
- Nutrition counseling from registered dietitians

The program also provides discounts on healthy lifestyle products, including over-the-counter vitamins, herbal and nutritional supplements, aromatherapy, yoga equipment and more.

You can find participating natural therapy professionals on DocFind. To use the program, visit one of the participating providers, show your Aetna ID card, and pay the special discounted fee when you receive the service.

Aetna Weight ManagementSM Discount Program

This program offers special rates on personalized Jenny Craig® weight loss programs and services. Once you are enrolled in an Aetna plan and registered with Aetna Navigator, you can get started with the program. You register through Aetna Navigator, print a registration coupon and call **1-800-965-3669** to find a Jenny Craig centre near you. When you visit, just bring your Aetna ID card and you'll receive a free consultation and a free 30-day trial membership. After that, you can get:

- 50%* off a 6-month VIP program (Gold/Platinum)
- 20%* off a one-year Premium Success Program

As a participant, you'll receive discounts on personalized consultations, motivational tools and, with certain programs, weekly food purchases. You'll also have one-on-one support from trained weight loss consultants, including personalized menu planning, activity planning, motivational materials and free unlimited use of Jenny eTools.

* Plus the cost of food and shipping, when applicable. Discounts apply to the membership fee only. Offer is good at participating Jenny Craig centres and Jenny Direct® in the United States, Canada and Puerto Rico.

Aetna Member Services – 1-800-367-6276

Once you're enrolled in an Aetna plan, help and information are just a phone call or e-mail away. You can contact Aetna Member Services:

- For information about doctors as well as network dentists and pharmacies, including a doctor's credentials and whether he or she is accepting new patients
- For information about benefits under your plan
- To precertify hospital care, if required
- To check the status of a claim and/or benefit payment
- For replacement ID cards
- For eligibility questions

Member Services Representatives are available 24/7 at **1-800-367-6276**. You may also send an e-mail to Member Services through Aetna Navigator (www.aetna.com), once you've registered. Click on *Contact Us* at the top of your home page, then choose *E-mail Member Services*. Remember, you must be registered to use Aetna Navigator.

AGB International Service Center

(available 24-hours a day; 7 days a week)

Telephone:	Toll Free: 1-800-231-7729 (international)
	Direct or Collect: 1-813-775-0190
Fax:	Toll Free: 1-800-475-8751
	Direct: 1-813-775-0625
TDD: (hearing impaired)	1-800-325-6273
E-mail:	agbservice@aetna.com
Claims Address:	Aetna Global Benefits P.O. Box 30258 Tampa, FL 33630-3258 USA
Overnight Delivery Address:	Aetna Global Benefits 4630 Woodland Corporate Blvd Tampa, FL 33614 USA

Enrollment/Election Instructions

During Open Enrollment

If you are currently enrolled in Traditional Choice, your coverage will automatically continue. Your current medical plan election will remain in place unless there has been a network change in your area. However, if you are eligible and you decide to make a change for 2010, you will need to complete the enrollment/election process outlined in the letter from your DoD NAF employer enclosed with this brochure.

New Employees/Newly Eligible Employees

Newly hired and newly eligible employees must enroll within 31 days of eligibility in order to have coverage under the DoD NAF Health Benefits Program. Otherwise, you will need to wait for the next Open Enrollment period to enroll in the plan. To enroll, please follow the enrollment instructions provided by your supporting Human Resources Office.

Retirees

If you are currently enrolled in Traditional Choice, your coverage will automatically continue. Retirees are eligible to make changes to their coverage if there is a qualified family status change. Eligibility criteria for continuation after retirement applies. Please contact your supporting Human Resources Office for detailed information and instructions.

Coverage for Newborns

Important! During your baby's first 31 days, your newborn is automatically covered under your medical plan. However, in order for your child's coverage to continue beyond the first 31 days, you must enroll your newborn in the plan. Please contact your supporting Human Resources Office for details.



This brochure highlights the key features of the DoD NAF Health Benefits Program. It does not attempt to cover all the plans' details, which are contained in the official Plan Documents and insurance contracts that govern the operation of the various plans within the program. Please reference the Summary Plan Description (SPD) for a complete description of benefits, exclusions, limitations and conditions of coverage. Should there be any conflict between the information in this brochure and the provisions of the legal documents and contracts, the terms of those documents and contracts will control.